

**BASREP-BEFORE & AFTER SCHOOL
RECREATION ENRICHMENT PROGRAM**

CHILD REGISTRATION FORM

Child's Name		Nickname
Home Address	Town	Home Phone
Date of Birth / /	Date of Enrollment / /	Gender (circle): M/F
School	Grade	Teacher (if known)

1 st Parent/Guardian Name	Relationship to Child	Marital Status
Home Address	Town	
Business Name	Occupation	
Business Address	Town	
Home Telephone	Work Telephone	Cell Phone
Email Address		

2 nd Parent/Guardian Name	Relationship to Child	Marital Status
Home Address	Town	
Business Name	Occupation	
Business Address	Town	
Home Telephone	Work Telephone	Cell Phone
Email Address		

2011-2012 School Year Schedule*

Please indicate your desired schedule for the 2011-2012 school year, by circling the appropriate days:

Morning Session 6:30 – 8:30 A.M.

Mon Tues Wed Thurs Fri

Afternoon Session 3:00 – 6:00 P.M.

Mon Tues Wed Thurs Fri

_____ Please register my child as a "drop-in" only.

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REGISTRATION AGREEMENT/CONTRACT

I agree to adhere to the BASREP policies, as stated in the 2011-2012 **PARENTS' HANDBOOK** and give my child permission to participate fully, in the BASREP program.

I agree to pay for all services rendered, in accordance with the BASREP fee schedule, shown in the 2011-2012 **PARENTS' HANDBOOK**, on the first day, of each month. I am aware that these fees are subject to change. I also agree that I am responsible for all extra fees, when applicable, as described in the 2011-2012 **PARENTS' HANDBOOK**.

I understand that a late fee of \$30.00, will be charged if my account is not paid, in full, by the 10th day, of each month.

I understand that I am responsible, for monthly payments, of contracted fees, in advance. One month's escrow fee, to be applied toward June's tuition, is due upon registration.

I understand that the monthly tuition has been averaged out, over the 10-month period, allowing for the shorter month of June and holidays. I understand that no refunds will be given, for these days.

I will give one month's written notice, of any change or withdrawal from the program, or risk losing my escrow deposit. I understand that no verbal notice will be accepted.

I agree to notify BASREP when my child will be absent from the program. I understand that a \$5.00 fee will be charged for failing to notify the program, in excess of 3 times, and that I will be responsible, for my child and tuition payment.

I understand that I am responsible for any medical expenses, including transportation, as a result of emergency medical care, for my child.

I agree to sign my child in/out each day, and to respect the program hours of opening at 6:30 AM and closing at 6:00 PM. I understand that I am subject to late pick-up fees, if I arrive late to pick up my child.

I understand that it is my responsibility to sign my child up for Vacation and Professional Days and that if I sign up for those days, I will be responsible for any extra fees associated with those days, regardless of whether or not my child actually attends, unless I give proper notice, as stated in the Parent Handbook.

I agree to read the parent handbook, notices, newsletters and posted information, to remain informed.

I will notify the BASREP staff of any situations, in my child's life that may contribute to changes in my child's behavior or needs.

I agree to pay for any damages that my child may incur to BASREP and school property, equipment, or another participant's belongings, if the damage is the result of inappropriate behavior.

I understand that during stated vacation days and days that school is closed because of bad weather, there will be no program.

I have discussed BASREP's Discipline Policy including the techniques used to manage behavior, as well as, the Abuse/Neglect Policy with BASREP staff.

The BASREP staff will assume full responsibility for my child from the time he/she arrives at the program, until the close of my child's session.

Parent/Guardian Signature

Date

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AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I hereby authorize Emergency Medical care for my child _____, during attendance, at the BASREP Before and After School Program, if in the judgment of the staff, treatment is required, for an injury or illness. I grant permission, for First Aid trained BASREP staff, to administer First Aid treatment, when deemed necessary.

The physician of my choice is Dr. _____
Office Address: _____ Office Phone: _____
The dentist of my choice is Dr. _____
Office Address: _____ Office Phone: _____

I give my consent for BASREP to contact the above named physician/dentist, if my child has a medical emergency. I understand that if my child's physician/dentist is not available, another physician/dentist may be contacted on an emergency basis. I also give my consent for BASREP to seek medical attention in an emergency at the nearest hospital. I authorize any treatment deemed necessary, by the attending physician. I grant permission for my child to be transported by ambulance in the event of an emergency. I understand that whenever possible, I will be notified prior to medical treatment of my child. I also understand that I will be notified, at the earliest possible time, in the event that I was unable to be reached for prior notice. I understand that I am financially responsible, for any medical or transportation expenses incurred on behalf of my child.

Medical Insurance Carrier _____ Medical Insurance ID: _____
Dental Insurance Carrier _____ Dental Insurance ID: _____

Allergies _____
Current Medications _____
Other Health Considerations _____

To the best of my knowledge, the information on this form is correct. I understand that if any of this information changes, I am obligated to notify the program in writing immediately.

Parent/Guardian Signature Date

GENERAL FIELD TRIP PERMISSION FORM

I hereby give permission for my child to participate in local hikes and field trips (such as a walk to the High School track) organized, led, and supervised by BASREP.

Parent/Guardian Signature Date

HEALTH RECORDS PERMISSION FORM

I grant permission for BASREP to obtain a copy of my child's school medical record, in lieu of securing a separate record, of medical examination from my child's physician. I also grant permission to my child's school, to provide information about my child, which might enhance my child's adjustment to BASREP.

Parent/Guardian Signature Date

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AUTHORIZATION FOR ALTERNATE PICK-UPS/EMERGENCY CONTACTS

I give permission for the following persons, friends, and/or relatives to pick up my child from the BASREP program and/or to be contacted by BASREP, in case of an emergency, when I cannot be reached.

At least THREE names, other than custodial parents, are required, NO EXCEPTIONS. If possible, we ask that parents provide us with one "out of state" emergency contact number, in case of a situation where local phone service is disrupted.

1.	Name	Home Telephone	Other Telephone
	Address	Town	Relationship to Child
2.	Name	Home Telephone	Other Telephone
	Address	Town	Relationship to Child
3.	Name	Home Telephone	Other Telephone
	Address	Town	Relationship to Child

OUT OF STATE CONTACT

Name	Home Telephone	Other Telephone
Address	Town	Relationship to Child
Parent/Guardian Signature	Date	

TRANSPORTATION PERMISSION FORM

Please fill out all applicable sections.

A.M. Program

I hereby give permission, for my child to be transported by Regional District 13 School Bus from BASREP, located at Korn School, his/her school (Brewster, John Lyman or Memorial), after the morning session of BASREP.

P.M. Program

I hereby give permission for my child to be transported by Regional District 13 School Bus to BASREP, located at Korn School, from his/her school (Brewster, John Lyman or Memorial), for the afternoon BASREP session.

I understand that BASREP has no control over bus schedules, bus routes, or bus personnel. I also understand that the bus company can terminate my child from the bus for repeated misconduct.

Parent/Guardian Signature	Date
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AUTOMATIC CREDIT CARD AUTHORIZATION FORM

- I would like my monthly tuition payments automatically charged to my credit card account. I understand that this charge will be made on or around the first of the month **and may occur up to one week ahead of time**. I understand that no special arrangements can be made to charge my card, unless it is before the 10th of the month. I understand that I will receive a receipt, after the transaction is complete. I understand that my initial charge will be for the registration fee plus escrow (June tuition).

- No, thank you. I prefer to pay by check/money order or by bringing my credit/debit card into BASREP, to pay for services rendered.

Credit card information

- Visa
- MasterCard
- Discover
- American Express

Please circle:

Credit Debit

Account Number: _____

Card V-Code*: _____

(*3 digit security code, on the signature panel, on the back of Visa, Mastercard and Discover cards, or a 4 digit number, on the front of American Express cards).

Name on card: _____

Expiration Date: _____

Billing address: _____

Cardholder's Signature

Date